

Foster Family Home - Corrective Action Report

Provider ID: 1-160073

Home Name: Flordeliza Braga, CNA

Review ID: 1-160073-4

94-904 Kuakahi Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 9/4/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 9/4/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date